

CARSON CITY COMMUNITY PREVENTION PLAN (Update: June 2007)

Developed by the Community Council on Youth
Serving Carson City's Youth and Families Since 1989

A Comprehensive Plan Developed to Reduce Substance Abuse

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Rev. June 2007

Introduction

The Community Council on Youth coalition reviewed and updated its Comprehensive Community Prevention Plan (“CCPP”) in June, 2007. Part of this update process involved the development of a logic model that is consistent with models used in prevention plans across the state. We also included some strategic planning information that was recently processed by our methamphetamine taskforce in Carson City.

CCOY is comprised of community members that include representatives from city government, prevention programming, parents, youth, law enforcement, media, our Native American communities, our faith communities, and health and human services. Incorporated in 1989 to serve the entire Carson City area, CCOY is a grass roots organization whose mission is “Working Together for the Advancement of Youth.” CCOY, in collaboration with local service providers, strives to meet the needs of youth at risk of engaging in problem behavior, such as using or experimenting with alcohol, tobacco and other drugs, and to bring prevention services to those youth not yet engaging in the problem behavior.

CCOY PURPOSES

- To receive information and comments from local youth and adults relating to the interests and needs of this community regarding youth issues, programs, and activities.
- To promote and support youth programs in the community through donations, grants, technical assistance, and adult and youth volunteer services.
- To help plan and coordinate youth activities and programs that are determined to be needed but are not currently available to the youth in our community, including, but not limited to, the establishment and operation of a peer counseling program, a job placement service, and a youth center.
- To promote meaningful and effective relations between all volunteer groups, youth organizations, youth service agencies and other persons and organizations interested in the community’s youth
- To increase understanding within the community of the issues and needs of our youth and to see greater community support of programs for youth through an ongoing working partnership between the youth and adults of this community.

Assessment / Data:

In February 2006, a comprehensive review of both archival and anecdotal data was completed by coalition members. The following data sources were included in this review process.

- ACT Inc, <http://www.act.org>
- Bureau of Health Planning and Statistics, Center for Health Data and Research
- Carson City Citizen Survey, City Services, Spring 2005
- Carson City High School yearbooks, 2003-2005
- Carson City School District Accountability Reports, 1996-2005
- Carson City School District, <http://www.carsoncityschools.com/index2.asp>
- Carson City Sheriff's Office
- Carson City and Nevada Youth Risk Behavior Surveys, 2001, 2003 and 2005
- Children Transition Program, Carson City School District
- Community Council on Youth, Focus Group Questionnaire, 2005-2006
- Community Norms Survey, CCOY Summary Report, 2004-2005
- Gamblers Anonymous Website, <http://www.gamblersanonymous.org>
- Needs Assessment, Bureau of Alcohol and Drug Abuse, Nevada State Health Division, 2003, 2005
- Nevada Appeal
- Nevada Department of Education
- Nevada Department of Health and Human Services, 2003
- Nevada KIDS COUNT Data Book, 2001- 2005
- Nevada Interactive Health Database System
- Nevada Office of Juvenile Justice - Survey of Attitudes Toward Underage, Drinking and Policy, 2002-2003
- Nevada State Department of Employment, Training and Rehabilitation
- Nevada Vital Statistics, 2000-2003
- No Child Left Behind Act, <http://www.nevadareportcard.com/>
- Ron Wood Family Resource Center, Carson City Nevada
- Secretary of State, Nevada
- Sierra Sage Website, <http://www.sierrasagena.org>
- Sober Place, <http://www.soberplace.org>
- State of Nevada Juvenile Justice Data Collection Report, 2000-2004
- State of Nevada Department of Public Safety, 2004
- Unemployment rate website, <http://www.nevadaworkforce.com>
- U.S. Census Bureau, Census of Population and Housing, 1990 and 2000
- Youth Alcohol Use Consumption and Consequences, 2003

Data collection for this assessment was primarily completed by a graduate student / consultant and was regularly reviewed by CCOY staff. At that time, the coalition prioritized the following risk factors:

- Community Laws and Norms Favorable toward Drug Use, Firearms and Crime
- Alienation and Rebelliousness
- Family Management
- Positive Attitudes toward Problem Behavior

A variety of data trends supported these priorities. We noted an increase in the number of juvenile arrests for alcohol violations as well as an increase in the number of students using alcohol and marijuana prior to the age of thirteen. There was concern about the number of students reporting suicidal ideation. A declining number of students perceive binge drinking as harmful at the same time as an increasing number of students perceive that their parents condone youth binge drinking.

Recent planning efforts and developments within our community have led to additional identified priorities. Through our work with the methamphetamine taskforce in Carson City, we have identified concerns around the availability of and demand for methamphetamine. We have also recognized that gang activity has increased in Carson City. Following a gang-related shooting this past fall, our community has responded with significant planning efforts aimed at reversing this trend.

Assessment / Infrastructure:

Resource assessments not only help a community to define its programmatic resources, but they also help a community identify its strengths. An updated resource directory was reviewed by coalition participants along with the needs assessment data starting in February, 2006. This review helped to validate the many established Carson City non-profit, law enforcement, education, government, faith-based, media, tribal, and social service agencies that have maintained a strong level of prevention service continuity. In addition to the numerous faith-based communities in Carson City, the following list of prevention providers helps to show the range of committed agencies and groups that are currently helping in the effort to reduce substance abuse in Carson City:

- Advocates to End Domestic Violence
- Nevada Hispanic Services
- Boys and Girls Clubs of Western Nevada
- Brewery Arts Center
- Partnership Carson City Methamphetamine Taskforce
- Carson City Sheriff's Department / D.A.R.E.
- Carson City Sheriff's Department / Alcohol Compliance Checks

- Ron Wood Family Resource Center
- Children's Museum of Northern Nevada
- Community Counseling Center
- Washoe Tribe of Nevada and California
- Nevada Urban Indians
- Girl Scouts
- Carson City School District
- Latino Parents Committee
- The Mentor Center
- Stand Tall / Don't Fall Club
- Nevada Appeal
- Carson City Chamber of Commerce
- Big Brothers / Big Sisters
- Carson City Parks and Recreation
- Carson City Community Coalition
- C.A.S.A.
- F.I.S.H.
- Carson City Health and Human Services
- Access Carson City / Public Television
- Behavioral Health Services of Carson Tahoe Hospital
- ALITAS
- Carson City Alternative Sentencing, Drug Courts, and Probation Departments
- Western Nevada Community College
- UNR Cooperative Extension
- Department of Child and Family Services

While this range of programs provides a solid foundation for prevention planning and implementation, there are no shortage of barriers to improved prevention services in Carson City. Through surveys over time of coalition participants and key stakeholder interviews, we have identified the gaps below that continue to pose challenges within our prevention system and suggest strategies for program implementation:

- Prevention Programs: Funding for new and continued Best Practices / Model Programs
- Limited bilingual, culturally sensitive programs and prevention materials
- Inconsistent access to existing programs and facilities
- Prevention event and service directory not updated frequently enough
- Limited parent education resources for the general public
- Limited local prevention media campaigning
- Stronger policies to discourage methamphetamine access and underage drinking parties

The demonstrated as well as potential leadership is in place to confront these challenges successfully. In addition to the prevention program leaders across the range of services identified in Carson City, our Mayor, Superintendent of Schools, Board of Supervisors, District Attorney, and Sheriff have all lent strong support to prevention initiatives in the past and continue to actively participate in prevention planning processes. Our involvement of youth leaders has increased over the past year, and it is our intent to harness their significant leadership potential through their involvement in a planned statewide youth leadership conference this summer.

It is key to our local prevention efforts that this leadership strength extends across cultural lines. We have maintained close communication with leaders in our Hispanic and Native American communities to progressively increase partnership in the prevention planning process. One of our key goals in developing youth leadership is to ensure that this process is inclusive of our diverse cultural groups.

As with all collaborative projects, prevention planning can prompt leadership conflicts over the allocation of resources and prioritization of issues. That being said, we remain optimistic that our local leadership will consistently work through these challenges as they arise. Also, as a system we are improving the range of data we collect to drive prevention planning efforts. These improvements should definitely support greater clarity in the continual process of strategy prioritization.

One example of expanded data collection involves protective factor data. Traditionally, we have focused on risk and consequence data with limited exploration of data related to the strengths and assets at work in our community. This past year, we began to pilot a survey that will complement the information obtained through the Youth Risk Behavior Survey. This survey adds components around developmental assets. What are the positive assets youth are experiencing and strengthening? What positive activities are they connected with and how do these activities relate to risk behaviors identified? We certainly hope to broaden our use of this type of survey process.

Assessment History / Background from Early Prevention Plan

Risk factors are factors in youths' lives which increase the likelihood that those youth will engage in problem behavior. Protective factors are factors present in those youths' lives which "buffer" the impact of the risk factors. There are 19 risk factors which are broken down into "domains," or those portions of the community in which the youth have the most interaction.

Risk Factors Measured by CCOY Members 2000/2001
Community Domain
Availability of Drugs
Availability of Firearms
Community Laws and norms Favorable Toward Drug Use, Firearms & Crime
Media Portrayals of Violence
Transitions and Mobility
Low Neighborhood Attachment and Community Disorganization
Extreme Economic Deprivation
Family Domain
Family History of the Problem Behavior
Family Management Problems
Family Conflict
Favorable Parental Attitudes and Involvement in the Problem Behavior
School Domain
Early and Persistent Antisocial Behavior
Academic Failure Beginning in Late Elementary School
Lack of Commitment to School
Individual /Peer Domain
Alienation and Rebelliousness
Friends Who Engage in the Problem Behavior
Favorable Attitudes Toward the Problem Behavior
Early Initiation of the Problem Behavior
Constitutional Factors

Sources of data analyzed by CCOY members to measure the impact of these risk factors:

Carson City School District Accountability Reports Juvenile Probation Department – Statistics Reports

1999/2000 Youth Risk Behavior Survey (YRBS)

1999 Student Survey – NV Safe and Drug Free Schools

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1999 Carson City Community Needs Survey	Nevada Kids Count Data Book 2000
NV State Dept of Taxation	Carson City Business Licensing Dept
Carson City Dept of Community Development	Carson City Clerk
Carson City Chamber of Commerce	Carson City Welfare Dept
Carson City Public Health Nurse	NV State Library of Archives
NV State Bureau of Disease and Control / Prevention	Carson City Sheriff's Dept
Carson City Assessor's Office	Western Nevada Community College / Adult Education

CCOY members attended workshops in October 2000 and January 2001 to review and discuss the accumulated data and prioritize risk factors having the most impact on youth in Carson City. Prior to attendance at these workshops, CCOY members were provided with workbooks outlining the 19 risk factors, indicators (measurement tools) that help to assess the presence of the risk factors, and the statistical data outlined above.

Michael Havercamp of the University of Nevada, Reno, facilitated the October 2000 workshop. Through work groups, CCOY members analyzed the data to determine trends in risky behavior among Carson City's youth. Four risk factors were identified as posing the most risk to Carson's youth.

RESOURCE ASSESSMENT –

A resource assessment answers the question “What resources exist to decrease the impact of these risk factors on our youth?”

Immediately following the risk assessment, CCOY members developed task forces to collect information on all local resources that specifically address issues relating to the prioritized risk factors. Those task groups met through 2001. During this period, CCOY members were also attending further CTC training, especially as it relates to resource assessment. Task force members held off on finishing the resource assessment process until all training could be completed. Through this continued training, the task groups realized their work was ineffective unless they brought many more partners to the table to ensure that data reflecting all local resources was captured. At that point, CCOY members concluded that the data collection surrounding a resource assessment must be conducted via the monthly coalition meetings. Prevention Specialists from the Bureau of Alcohol and Drug Abuse also presented an overview of this process to further coalition members’ understanding of CTC and its value to the community. Individuals were assigned data collection tasks and brought that information to the monthly meetings. Over 72 local resources were identified as impacting the prioritized risk factors in some fashion.

This Resource Assessment identified the following agencies implementing prevention programs which impact the prioritized risk factors:

Advocates to End Domestic Violence	Hilltop Community Church
Alcoholics Anonymous	Johnson O’Malley Educ. Program
Bethlehem Lutheran Church	Juvenile Probation
Boys & Girls Club of Western NV	Nevada Health Center
Carson City School District	Nevada Hispanic Services
University of Nevada, Reno, Coop Ext	Ron Wood Family Resource Center
Family to Family Connection	Salvation Army
Fighting Alcohol Through Education	Shepherd of the Sierra Church
First Christian Church	Sheriff’s Department
First Presbyterian Church	Silver Hills Community Church
Girls Scouts of the Sierra Nevada	St. Theresa Catholic Community
Good Shepherd Wesleyan Church	Stand Tall – Don’t Fall

Current Logic Model

Priorities	Data Indicators	Outcome	Intervening Variables	Strategies	Activities
Reduce incidence of binge drinking by Carson City youth	Increased number of middle school students engaging in binge drinking (YRBS) Juvenile arrest statistics Alcohol related treatment admission	Reduced number of youth engaged in binge drinking Decrease arrest rate Decrease treatment admission rate	Low perception of risks related to binge drinking Norms favorable to use	Educational campaign to increase perception of harm Consistent and firm consequences for alcohol violations	Enhance current school curriculum delivery Develop collaborative intervention between schools, law enforcement and prevention agencies to ensure meaningful consequences for policy violators
Reduce consequences related to meth and other drug use	Number of students reporting lifetime use of methamphetamine (YRBS) Juvenile Justice referral statistics Drug related motor vehicle fatalities	Decrease in the number and rate of drug related arrests and motor vehicle fatalities Decrease in the number of youth reporting meth and other drug use	Accessibility of meth and other drugs Perception of risk Norms favorable to use	Policy change Education Consistent and firm consequences for substance abuse violations	Support local and broad policy change to further restrict meth precursors Expand prevention education for high risk groups Collaborative intervention by community systems and agencies
Reduce incidence of suicidal ideation and attempt by Carson City youth.	Number of students who report having planned or attempted suicide (YRBS)	Decrease in the number of youth reporting suicidal thoughts and/or attempts	Alienation Barriers to accessing mental health services	Reducing barriers to accessing services	Identify and train referral sources in collaborative process and recognizing signs of depression

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Decrease the number of youth involved in gang activity.	Number of youth who self-identify as gang involved (YRBS)	Decrease in number of youth identifying as gang involved	Alienation Norms favorable to violence	Positive alternatives Consistent and firm consequences for gang activity Skill Building	Promote access to community activities for high risk youth Collaborative intervention by community systems and agencies Implement gang and violence prevention programs for targeted populations
Strengthen capacity of parents to provide effective supervision of youth	Youth perception of parental attitudes about alcohol use	Increase perception that parents do not support youth alcohol access and binge drinking	Family management Norms favorable to use	Parent education Policy development	Broaden scope of parent education options in community Advocate policy to discourage social hosting Collaborative intervention by community systems and agencies

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Delay the onset of alcohol and marijuana use by youth	Age of onset data for alcohol and marijuana	Decrease the number of youth reporting early age of onset	Norms favorable to use Alienation and rebelliousness	Positive alternatives Social norm campaign Skill building Policy enforcement	Increase access to community activities Youth leadership development of a social norms campaign Continue to implement substance abuse prevention programs for targeted populations Continue to partner with law enforcement to ensure compliance with underage drinking laws through vendor training and a range of compliance checks
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Decrease heavy adult drinking and related consequences	Adult treatment admissions Alcohol related fatality rate	Decrease rate of treatment admissions and alcohol related fatality rate	Norms favorable to use	Information and referral Policy enforcement	Promote brief screening education for referral providers Promote policy to require vendor training for alcohol servers and support such training Support law enforcement DUI checkpoints
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Capacity

To implement the strategies identified within this plan, a variety of resources will be called upon to collaborate in this effort. Law enforcement partners will provide essential data and reinforce compliance with laws to reduce access to and abuse of alcohol and other drugs. Our youth leadership team will help to raise community awareness about substance abuse and challenge norms that promote substance abuse. Our school district will help with data collection, communication with parents, and potential strategy implementation. City Government leaders will support policy reviews, data collection, and funding for prevention programs. Media partners will help to broadly communicate the messages involved in prevention programs. Prevention agency partners will actively engage in planning and implementation of strategies. Business partners will help with resource development and prevention education opportunities.

Through coalition meetings, events, and training opportunities, we will consistently promote greater levels of cultural competence in order to implement changes that support youth across our diverse community. The sharing of event leadership across cultural groups is one key practice we will consistently keep. We will also encourage and shape trainings that through both content and participation broaden cultural understanding and partnerships within our community.

With regard to training, one capacity gap that we would like to address involves collaborative training for coalition participants. The issue is not necessarily access to trainings relevant to prevention work but that of collaborative access so that coalition participants are sharing the training concepts and practical outcomes from the trainings in ways that are connected to our prevention plan. We do anticipate additional staffing resources that can be focused on training needs.

Sustainability of implementation efforts will be bolstered by a number of strategies. One, we will continue to explore methods for involving a greater number of youth and adult volunteers in coalition projects. We will also continue to play a strong role in shaping the use of our City prevention dollars in ways that support the priorities in this plan. Finally, through decreasing our infrastructure costs and furthering our efforts to promote collaborative grant writing in Carson City, we hope to continually broaden the resources that can be used for program implementation.

- 1988 The idea of a community coalition was born of two community leaders with a history of working with youth through the UNR Cooperative Extension and Juvenile Probation. They conceived an organization that meets the needs of youth and offers youth the opportunity to grow up healthy and substance free.
- 1989 CCOY was incorporated as a non-profit. Key stakeholders in the community were involved, including the Carson City Mayor and Carson City Sheriff. This group met once a month. They developed CCOY's purposes and focused on identifying the needs of local youth, working toward assessing needs and identifying service gaps.
- 1990/91 Filled identified gaps in early learning, through implementing "Dare to Be You" and "Success in School" programs.
- 1991 The need for a youth center in Carson City was identified through the existing CCOY Board. CCOY members held fundraising events and secured a private donation of \$15,000. A collaborative was developed between the State of Nevada, local government and Board members to secure a site. The commitment to develop the Boys & Girls Club of Western Nevada was born.
- 1992 A series of meetings entitled, "Mayoral Youth Summit Meetings" were held and very well attended by the public. Attendees at those meetings restructured CCOY to be "Board Driven" and the Board would represent various sectors of the community, including education, law enforcement, etc. At this time, the decision was made that CCOY would not provide direct services, but would focus on needs assessment and gaps analysis. An Advisory Board was established, comprised of local direct service providers who would share information and plan collaborative community events and projects based on needs.
- 1995 The Carson City Board of Supervisors adopted a resolution designating CCOY as "coordinating agency for requesting grants of money appropriated by the Board of Supervisors" for youth organizations. The State of Nevada, Bureau of Alcohol and Drug Abuse ("BADA") followed Carson City Supervisors' lead and funneled its prevention funds through CCOY for the next three years.
- 1999 CCOY secures Office of Juvenile Justice and Delinquency Prevention grant to open the Mentor Center of Western Nevada and implement a case management plan. This project was the result of over 10 agencies' collaboration.

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- 2000 Both Boards continue to meet monthly and have managed over \$500,000 of Carson City's youth program dollars. CCOY secures funding from BADA to hire staff and advance the Coalition through capacity building.
- 2001 CCOY members complete "Community Risk Assessment" using the Communities That Care ("CTC") methodology. (See Risk Assessment). Through this assessment, risk factors which impact Carson City's youth were identified.
- CCOY implements "Summer Youth Transportation Program" by securing funds from Carson City. This transportation program was identified years earlier as needed in the community. Through research, analysis, and resource development, the program was piloted in 2000 and has continued.
- Service providers identify the need to increase volunteerism within their agencies. CCOY coordinates an annual Volunteer Fair to meet this need.
- 2002/03 CCOY members complete a "Resource Assessment / Gaps Analysis" as part of its implementation of the CTC methodology. (See Resource Assessment). Through this assessment, CCOY members determine exactly "what resources were available in Carson City that decrease the impact of these prioritized risk factors." From this Resource Assessment and Gaps Analysis, strategies were developed to fill the identified gaps, including programmatic gaps (see Implementation Strategies).
- 2006 CCOY members review current data related to needs assessment and resource availability to update CCPP.
- 2007 CCOY begins to adjust the structure of coalition meetings to align with the steps of the Strategic Prevention Framework. Work is also done with the methamphetamine taskforce in Carson City to gather their input into the prevention planning process.

Community Readiness is the extent to which a community is adequately prepared to implement a drug abuse prevention program. To prepare Carson City for such an undertaking, CCOY followed several steps, as outlined by the CTC method:

I. Define the Community to be Served:

Population: CCOY's purposes, as outlined in its by-laws, define its focus population to be served as Carson City's youth and families.

Geographic Area: Carson City is Nevada's capital, with a population of approximately 50,000, growing by almost 30 percent from 1990 to 2000. Carson City

encompasses approximately 155 square miles, with the densest population living in approximately 15 square miles.

II. Identify Key Stakeholders:

Since CCOY's inception in 1989, key stakeholders in the community have consistently participated in the coalition. Key stakeholders currently serving CCOY include: a member of the Carson City Board of Supervisors; both Carson City Undersheriffs; and the Carson City School District Superintendent (advisory capacity).

III. Engage Existing Prevention Initiatives:

The following prevention providers have been engaged in the coalition, including attendance at monthly meetings, planning, project development, and implementation of the CTC process. These partners offer prevention (substance abuse and violence) programs and implement prevention strategies, such as environmental strategies and alternative activities:

- Advocates to End Domestic Violence
- Boys & Girls Club of Western Nevada
- Carson City Library
- Carson City Recreation Division
- Carson City School District
- Carson City Sheriff's Department
- Children's Museum of Northern Nevada
- ComputerCorps
- Family to Family – New Baby Center
- First Presbyterian Church
- Girl Scouts of the Sierra Nevada
- Mentor Center of Western Nevada
- Nevada Hispanic Services
- Nevada Urban Indians
- Ron Wood Family Resource Center
- Salvation Army
- Stand Tall, Don't Fall – United Against Underage Drinking
- TATU (Teens Against Tobacco Use)
- University of Nevada Cooperative Extension
- Carson City Mental Health Coalition
- Health Smart

Community mobilization is the act of engaging all sectors of the community in a community-wide prevention effort. CCOY has been actively engaging all members of Carson City in prevention efforts since 1989.

Mobilization Activities

- Coalition members participated in all CTC Trainings (from summer 2000 through winter 2002).
- Members participated in planning meetings, including what data would be collected to identify and prioritize risk factors
- Recruitment of new members to both Boards to implement the CTC methodology
- Presentation of coalition activities and CTC process to:
 - Carson City School District Principals
 - Carson City Sheriff's Department
 - Carson City Mental Health Coalition
 - Health Smart of Carson City
- Attendance by various coalition members at substance abuse prevention trainings, both locally and nationally

Planning Update

In our planning process, we have studied the identified priorities with a focus on those factors that influence the identified problem areas. We know that we want to decrease underage drinking, heavy adult drinking, youth substance abuse, and the resulting consequences that accompany each. For each of these priorities, it is clear that community norms, substance availability, and perception of risk are all variables that contribute to the problem. We want to delay the onset of alcohol and marijuana use and see similar variables influencing these patterns. To reduce gang violence, we must address norms around violence and the alienation that lead some youth into gang activity. This same alienation leads other youth to suicide. Barriers need to be reduced that interfere with youth access to positive alternative activities that bond them with their community. We also want parents empowered to provide effective supervision for their kids but need to challenge a culture of permissiveness that invites youth to use alcohol.

The influencing factors we see that contribute to the identified problems point us in the direction of strategies and implementation activities. We have looked at a range of strategies that will be addressed further in our implementation section. These strategies include education, referral processes, collaborative processes, skill building prevention programs, policy development and enforcement, and improving access to services and positive alternative activities within our community.

Our primary challenge with planning is to increase and sustain coalition involvement across community sectors. While we do have planning input and support across community sectors, we need to intensify that involvement in a way that can better break down barriers between sectors and lead to more creative collaborative projects. There are obvious times, as well, when community leaders have their time spread very thin. Our hope is to recruit additional representatives across all sectors so that communication and energy don't break down.

Implementation Update

While the Community Council on Youth Coalition has succeeded in bringing together community groups to plan prevention strategies, increasing public awareness regarding risk and protective factors affecting Carson City Youth, advocating for compliance with alcohol/drug laws, and launching model programs to support youth leadership development and refusal skill development, the need for improved and comprehensive prevention activities is clear. The data referenced in our logic model and attached at the end of this plan support the range of identified priorities. We have been adjusting our coalition structure to better allow for committee work on planning and implementation functions.

Many of our proposed strategies remain the same as before. We need to continue to promote enforcement of underage drinking laws and distribute information to the community regarding ATOD risks and prevention strategies. We need to promote more model program implementation in the Carson City Community to improve the coping and resiliency skills of area youth. We must engage more youth in the planning and implementation of all of these strategies.

In addition, we will strive to promote access to effective parent education information across the general public. Parent education should be seen as a normal endeavor not limited to those who are court mandated. We will promote creative ways to ensure that our consequence systems for youth ATOD law violators function both as a deterrent and a vehicle to link youth to education/support programs to prevent recidivism. This requires continued collaboration across intervention systems within our community. We will also continually look for ways to better inform policy decisions that impact the availability of alcohol, methamphetamines, and other drugs.

Our primary challenge with implementation involves increased research into those specific activities and projects that have proven effective in each strategy domain. We have included potential activities of a general nature within our presented logic model. These activities need further clarification as well as subsequent validation prior to new implementation efforts.

Planning/Implementation History

The following strategies were developed and prioritized to reduce the impact of the prioritized risk factors, increase protective factors, fill programmatic gaps, and decrease programmatic barriers, therefore reducing and preventing substance abuse.

1. Review existing prevention programs to upgrade to Best Practices / Model Programs or to apply guiding principles of effective prevention programs. Implement new Best Practices / Model Programs as to the prioritized risk factors.

Strategy Implementation: Best Practices are defined as “prevention strategies, activities or approaches, which have been shown through research and evaluation to be effective in the prevention and/or delay of substance use or abuse.” CSAP (Center for Substance Abuse Prevention) model programs and Best Practices are those programs that are proven through the most rigorous evaluation.

Following these strategies is a list of those Best Practices / Model Programs that impact one or more of Carson City’s current prioritized risk factors. Programs from this list will be reviewed and a determination made as to whether they are appropriate for implementation in Carson City. This list will be updated as programs meeting the Best Practice / Model Program requirements continue to be identified.

2. Educate the community (including school district, government, law enforcement) about Carson City’s youth and family programs through information dissemination across all cultural, socioeconomic, generational, gender and agency lines.

Strategy Implementation: In January 2003, CCOY partnered with coalition member Ron Wood Family Resource Center to publish a Youth and Family Services Directory. Over a period of several months, Resource Center staff worked with coalition members to collect the data to be contained in this directory. To ensure full-scale community distribution, Resource Center staff implemented a pre-ordering system. This directory will be distributed in the community at large, to all youth and family service agencies, governmental agencies, law enforcement agencies and educational facilities. The directory will be published and distributed in June 2003.

Coalition members presented prevention education to the freshman class at Carson High School. Included in these presentations were lists of local prevention resources.

Advocates to End Domestic Violence and CCOY partnered to meet with local and regional prevention providers to educate those providers as to existing, available resources. These presentations included information dissemination.

CCOY has created and is currently publishing a brochure for distribution to community members, prevention and treatment providers, education providers, etc., which outlines coalition work and offers further contacts for all local resources.

3. Increase sector representation, attendance and involvement in coalition activities to include youth, media, Carson City School District, Sheriff's Department, faith community and key leaders.

Strategy Implementation: Executive and Advisory Board members specifically identified members of the community who represent the above sectors to be targeted for recruitment to the coalition.

CCOY members collaborated to develop a model to actively engage youth. This model includes training support by CCOY to make youth/adult partnerships work. The goal of this model is to move away from "token youths sitting on boards" and toward building valuable working relationships between adults and youth in all capacities.

Coalition members continue to identify and recruit key community leaders.

4. Increase access to all programs, facilities and services.

Strategy Implementation: Coalition members have met with Jim Hukari, Carson City School Board Trustee, to learn more about accessing schools in the evenings, weekends and through the summer to bring prevention programs directly into small community pockets of Carson City. Jim Hukari is collecting specific information regarding those needs to bring back to the full School Board.

CCOY is now managing Carson City's third Summer Transportation Program. The majority of this "program" is funded through CCOY. Carson City School District buses are leased and a summer route is developed. The routes run Monday through Friday, 9 a.m. to 5 p.m. Youth ages 7 to 18 can use this transportation system to get to various programs and activities through Carson City from June 9 to August 15, 2003.

Coalition members have also identified faith communities as locations for easy access for prevention programs. Future plans include meeting with leaders of those faith communities to develop implementation plans.

BEST PRACTICES IDENTIFIED FOR IMPLEMENTATION (INCLUDING, BUT NOT LIMITED TO THE FOLLOWING)

Research findings for all of these programs show decreased substance use

Across Ages

IOM Population: Selective

Focus Population: Middle School Age (bilingual availability)

Implementation: Community Based

Program Activities: Older adults mentor youth; youth perform community service; youth develop and increase coping/life skills; provides academic support

All Stars

IOM Population: Universal

Focus Population: Middle School Age (bilingual availability)

Implementation: Community Based

Program Activities: Develops positive peer norms; increases bonding to school; provides parent support

Communities Mobilizing for Change on Alcohol “CMCA”

IOM Population: Universal

Focus Population: Middle/High School Age

Implementation: Community Based

Program Activities: Reduces youth access to alcohol by mobilizing and organizing communities; learn to enforce laws in connection with alcohol sales to minors

Creating Lasting Connections

IOM Population: Universal/Selective

Focus Population: Middle School Age

Implementation: Community Based (family strengthening)

Program Activities: Provides parent education/training; develops youth coping and life skills

Families and Schools Together “FAST”

IOM Population: Selective

Focus Population: Middle School Age

Implementation: Community Based (family strengthening)

Program activities: Enhances family functioning; prevents youth from experiencing school failure; parent and youth stress management skills

Families That Care – Guiding Good Choices

(Formerly Preparing for the Drug Free Years)

IOM: Universal

Focus Population: Middle School Age

Implementation: Community Based (working with families)

Program Activities: Work within family sessions; enhance parenting skills; improve family and peer relations; develop youth coping and life skills

Leadership and Resiliency Program “LRP”

IOM Population: Selective

Focus Population: Middle/High School Age

Implementation: Community and School Based

Program Activities: Improve social competence; increase bonding to school and family

Project Toward No Drug Abuse

IOM: Selective; Indicated

Focus Population: Middle/High School Age

Implementation: School Based

Program Activities: Builds resistance to peer pressure; facilitates attitude change; enhances life and coping skills

Evaluation

While some evaluation aspects cannot be determined prior to the identification of more detailed implementation specifics, there are certainly evaluation sources we know will be utilized in our process. First, we will continue to gather data related to substance abuse consumption, consequences, perception of risk, perception of parental attitudes and age of onset. We can also continue to track reports of gang involvement and youth violence consequences. These data trends will provide one angle for evaluation effort as we study the impact of implementation activities.

We will also continue to broaden our efforts to collect process data related to implementation activities. What is the quality and consistency of implementation? What are variables that influence the delivery of implementation activities? These are just some process questions to consider.

We will continue to contract with outside evaluators as needed to strengthen our evaluation procedures and capacity. Similarly, we will work closely with identified grant evaluators to ensure proper follow through with evaluation procedures and information. In all cases we will take procedural precautions to respect the privacy and confidentiality of participants in data gathering activities.

Finally, we plan to implement a wider range of focus groups that can assist in all phases of our strategic prevention framework process. These group activities will particularly provide insight into the intervening variables we must consider when selecting prevention strategies. At the same time, however, they can support our evaluation efforts by allowing more detailed feedback about our implementation quality and impact.

Youth Alcohol Consumption and Consequence Data

Juvenile Justice Arrests – Carson City

2004

OFFENSE	SEX	10 & Under	10-12	13-14	15	16	17	Total <18	18
Aggravated Assault	M	0	0	4	4	6	7	21	6
	F	0	0	2	1	0	0	10	1
Other Assault	M	1	1	4	9	7	4	26	3
	F	0	0	5	4	4	1	14	3
Burglary	M	2	4	5	2	0	2	15	1
	F	0	0	1	2	1	2	6	1
Larceny-Theft	M	1	7	12	14	8	12	54	3
	F	1	7	7	10	8	1	32	3
Motor Vehicle Theft	M	0	0	1	0	0	1	2	0
	F	0	0	3	0	0	0	3	0
Arson	M	0	1	1	0	0	0	2	0
	F	0	0	0	0	0	0	0	0
Fraud	M	0	0	0	1	0	1	2	3
	F	0	0	0	0	0	0	0	1
Drug Abuse Violations	M	0	0	3	4	2	2	11	10
	F	0	0	0	2	2	3	7	2
Vandalism	M	0	4	5	2	0	0	11	2
	F	0	0	1	1	0	0	2	0
Weapons carrying, possession, etc	M	0	1	0	0	0	0	1	1
	F	0	0	0	0	0	0	0	0
Other Sex Offenses	M	0	0	1	1	1	0	3	1
	F	0	0	0	0	0	0	0	0
Liquor Laws	M	0	0	16	12	21	18	67	36
	F	0	0	7	3	7	10	27	5
Disorderly Conduct	M	0	0	1	1	1	0	3	0
	F	0	0	0	1	1	0	2	0
All other Offenses (except Traffic)	M	0	5	28	22	39	41	135	32
	F	0	0	17	10	9	12	48	9
Runaway	M	0	3	8	6	6	1	24	Unable to Obtain
	F	0	0	12	11	8	0	31	
Grand Total		5	33	144	123	131	118	569	177

2005

OFFENSE	SEX	10 & Under	10-12	13-14	15	16	17	Total <18	18
Aggravated Assault	M	0	0	3	5	2	6	16	6
	F	0	0	0	2	6	1	7	2
Other Assault	M	1	1	9	4	4	3	22	6
	F	0	1	3	1	2	0	7	1
Burglary	M	0	0	8	3	2	4	17	2
	F	0	1	1	1	3	0	6	0
Larceny-Theft	M	0	5	13	9	7	5	39	6
	F	0	2	2	4	7	4	19	4
Motor Vehicle Theft	M	0	0	0	0	0	0	0	0
	F	0	0	0	0	0	0	0	0
Arson	M	0	2	2	0	0	0	4	0
	F	0	0	2	0	0	0	2	0
Fraud	M	0	0	0	0	1	1	2	1
	F	0	0	0	0	1	1	2	1
Drug Abuse Violations	M	0	2	4	3	3	3	15	2
	F	0	0	3	2	1	1	7	1
Vandalism	M	0	6	3	4	0	0	13	3
	F	0	0	1	0	0	0	1	0
Weapons carrying, possession, etc	M	0	0	0	0	0	0	0	1
	F	0	0	0	0	0	0	0	0
Other Sex Offenses	M	0	0	1	0	0	1	2	1
	F	0	0	0	0	0	0	0	0
Liquor Laws	M	0	0	7	26	21	43	97	41
	F	0	1	5	12	11	14	43	10
Disorderly Conduct	M	0	0	0	4	0	0	4	0
	F	0	1	0	1	0	1	3	0
All other Offenses (except Traffic)	M	0	5	14	23	30	35	107	51
	F	0	1	22	16	16	15	70	9
Runaway	M	0	0	4	9	5	3	21	Unable to Obtain
	F	0	1	7	8	10	4	30	
Grand Total		1	29	114	137	132	145	556	148

Data Source: Carson City Sheriffs Department

RISK FACTOR: Early Initiation of the Problem Behavior

INDICATOR: Current Alcohol Use: Binge Drinking

DEFINITION: Percent of middle and high school students who report that they drank five or more drinks in a row in the past 30 days.

	2001	2003	2005
CC Middle School	12.8	13.5	13.9
CC High School	42.8	36.4	33.5↓
Nevada Middle School	14.4	13.5	
Nevada High School	32.6	27.8	

Data Source: 2001, 2003 and 2005 Carson City and Nevada Youth Risk Behavior Surveys

RISK FACTOR: Favorable Attitude Towards the Problem Behavior

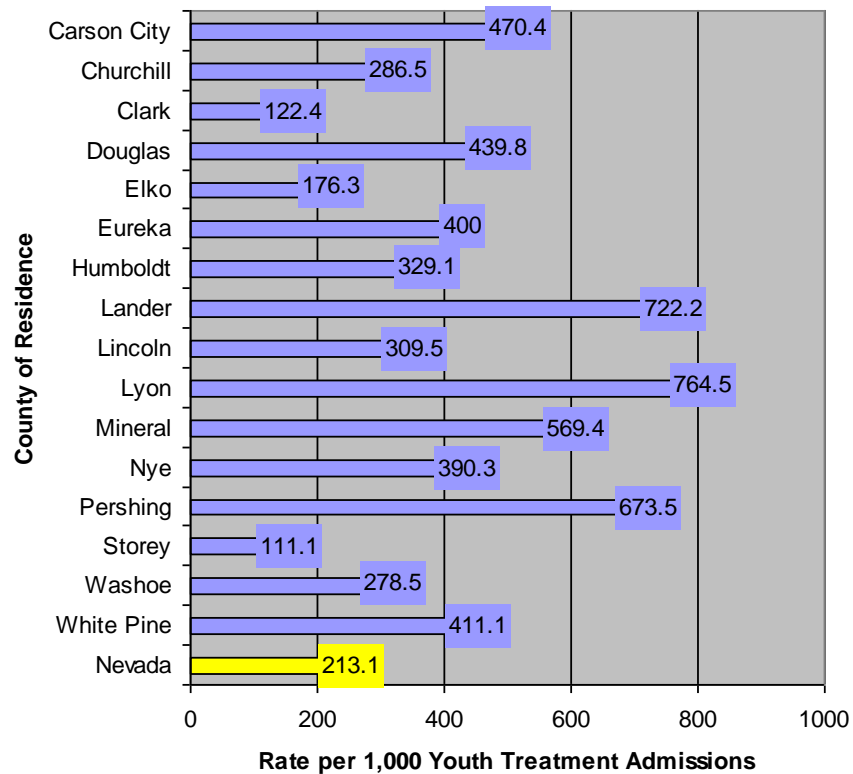
INDICATOR: Perceived Harmfulness: Binge Drinking

DEFINITION: Percent answering that people are at “slight” or “no risk” of harm if they have five or more drinks in a row (within a couple of hours).

	2001	2003	2005
CC Middle School	16.2	18.8	17.7
CC High School	27.3	21.0	33.5↑
Nevada Middle School	20.7	20.0	
Nevada High School	39.5	33.9	

Data Source: 2001, 2003 and 2005 Carson City and Nevada Youth Risk Behavior Surveys

**Graph 7: Five Year Average Rate of Alcohol
(Primary Substance Only) Related Youth Treatment
Admissions by Rate per 1,000 Youth Treatment
Admissions for All Substances Among SAPTA
Funded Treatment Facilities and Client County of
Residence, 2001-2005**



Source: Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Treatment Database. Retrieved December 2006.

Rate of Juvenile Referrals for Alcohol Related Offenses

County	2004 Population Estimate of Youths 8 to 17 Years of Age**	Alcohol Related Referrals by County (2004)*	
		(N)	Referrals per 1,000 Youths (8-17)
Carson	7,295	182	24.9
Churchill	4,253	60	14.1
Clark	223,125	868	3.9
Douglas	5,631	165	29.3
Elko	7,430	74	10.0
Esmeralda	120	1	8.3
Eureka	240	12	50.0
Humboldt	2,627	5	1.9
Lander	943	26	27.6
Lincoln	504	1	2.0
Lyon	5,736	98	17.1
Mineral	658	8	12.2
Nye	4,794	23	4.8
Pershing	910	13	14.3
Storey	408	3	7.4
Washoe	53,606	637	11.9
White Pine	1,109	33	29.8
Rural (excluding Clark and Washoe)	42,658	700	16.4
Nevada	329,389	2,209	6.7
United States***	53,138,619	107,089	2.0

* Alcohol Related Referrals include: driving under the influence (DUI) and violation of liquor laws.

** 2004 Population Estimates of Youths 8 to 17 Years of Age were taken from the 2004 Nevada Juvenile Justice

Data Collection Report.

*** United States population includes 5 to 17 year olds; due to age group breakdown.

Source: United States. Nevada Juvenile Justice. Nevada Juvenile Justice Data Collection Report. 2004.

Substance Abuse Consumption and Consequence Data

Drug Related Youth (Ages 8 to 17) Referrals by County, 2004

County	2004 Population Estimate of Youths 8 to 17 Years of Age*	Drug Related Referrals by County (2004)	
		(N)	Referrals per 1,000 Youths (8-17)
Carson	7,295	103	14.1
Churchill	4,253	38	8.9
Clark	223,125	1393	6.2
Douglas	5,631	89	15.8
Elko	7,430	7	1.0
Esmeralda	120	0	0.0
Eureka	240	1	8.3
Humboldt	2,627	11	4.2
Lander	943	20	21.2
Lincoln	504	5	9.9
Lyon	5,736	29	5.1
Mineral	658	6	9.1
Nye	4,794	36	7.5
Pershing	910	4	4.4
Storey	408	2	4.9
Washoe	53,606	520	9.7
White Pine	1,109	13	11.7
Rural (excluding Clark and Washoe)	42,658	382	9.0
Nevada	329,389	2,295	7.0
United States**	53,138,619	117,013	2.2

*2004 Population Estimates of Youths 8 to 17 Years of Age were taken from the 2004 Nevada Juvenile Justice Data Collection Report.

**United States population includes all ages under 18.

Source: State of Nevada. Nevada Juvenile Justice Data Collection Report 2004

RISK FACTOR: Early Initiation of the Problem Behavior

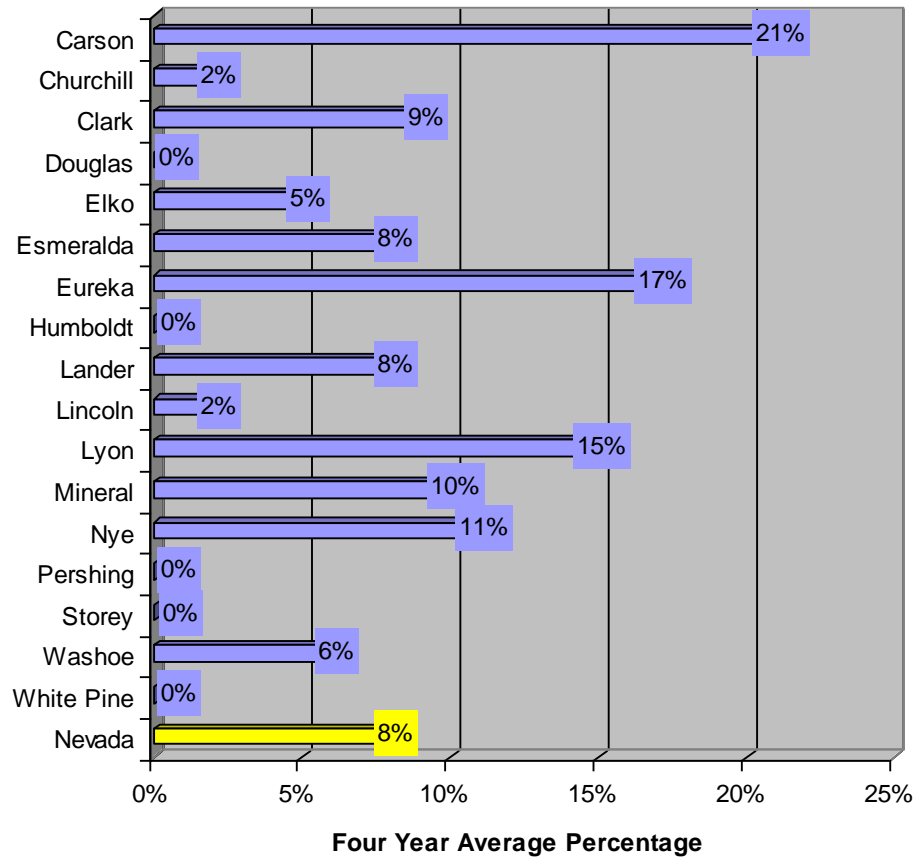
INDICATOR: Lifetime Prevalence of Drug Use

DEFINITION: Percent of middle and high school students reporting “ever used”

	Middle School			High School		
	2001	2003	2005	2001	2003	2005
Cocaine	5.0	6.5	6.4	17.5	9.3	15.3↑
Inhalants	8.5	9.4	8.3	16.7	13.7	18.6↑
Meth	3.9	6.8	3.5↓	20.6	12.3	16↑
Other Illegal Drugs	4.6	6.5	5.5↓	23.3	15.8	18.6↑

Data Source: 2001, 2003 and 2005 Carson City Youth Risk Behavior Surveys

**Graph 18: Four Year Average Percentage of Drug
Related Motor Vehicle Fatalities by County and
State, 2000-2003**



Source: State of Nevada, Department of Transportation Safety/Traffic Engineering. Alcohol and Drug Associated Traffic Fatalities, 2000-2002

Suicide Ideation and Attempt

RISK FACTOR: Rebelliousness and Alienation

INDICATOR: Suicide Thoughts and Planning

DEFINITION: Percent of Middle and High School students, who report hopelessness, thinking about, or making a plan about how they would attempt suicide.

	Middle School			High School		
	2001	2003	2005	2001	2003	2005
Hopelessness	23.9	22.5	22	34.0	27.3	33.9↑
Thinking about	13.8	15.6	13.5↓	24.0	20.2	23.5↑
Making a plan*	n/a	n/a	n/a	17.6	15.5	18.1↑

Data Source: 2001, 2003 and 2005 Carson City Youth Risk Behavior Surveys

RISK FACTOR: Alienation and Rebelliousness

INDICATOR: Suicide Attempt

DEFINITION: Response of middle and high school students to the question, during the past 12 months how many times did you actually attempt suicide.

	Middle School			High School		
	2001	2003	2005	2001	2003	2005
0 times	90.5	89.9	91.5	87.3	88.9	85.2
1 time	5.0	3.6	3.9	6.6	5.7	7.0↑
2 or 3 times	3.4	3.4	2.2↓	2.7	3.8	4.1↑
4 or 5 times	.2	.8	1.2	1.1	.7	.9
6 or more	.9	2.3	.7↓	2.3	.9	2.4↑

Data Source: 2001, 2003 and 2005 Carson City Youth Risk Behavior Surveys

Gang and Violence Data

RISK FACTOR: Gang Involvement

INDICATOR: Reported Gang Involvement

DEFINITION: Response of middle and high school students to the question, have you ever belonged to a street gang.

	Middle School			High School		
	2001	2003	2005	2001	2003	2005
No, never	90.6	87.8	88.4	86.9	91.7	82.1↓
Yes, but not now	6.4	8.7	7.3	7.1	5.2	8.2↑
Yes, I belong now	3.0	3.4	4.1↑	6.0	3.1	9.5↑

Data Source: 2001, 2003 and 2005 Carson City Youth Risk Behavior Surveys

RISK FACTOR: Community Laws and Norms Favorable Toward Drug Use, Firearms and Crime

INDICATOR: Discipline Incidents

DEFINITION: Response of Incidents

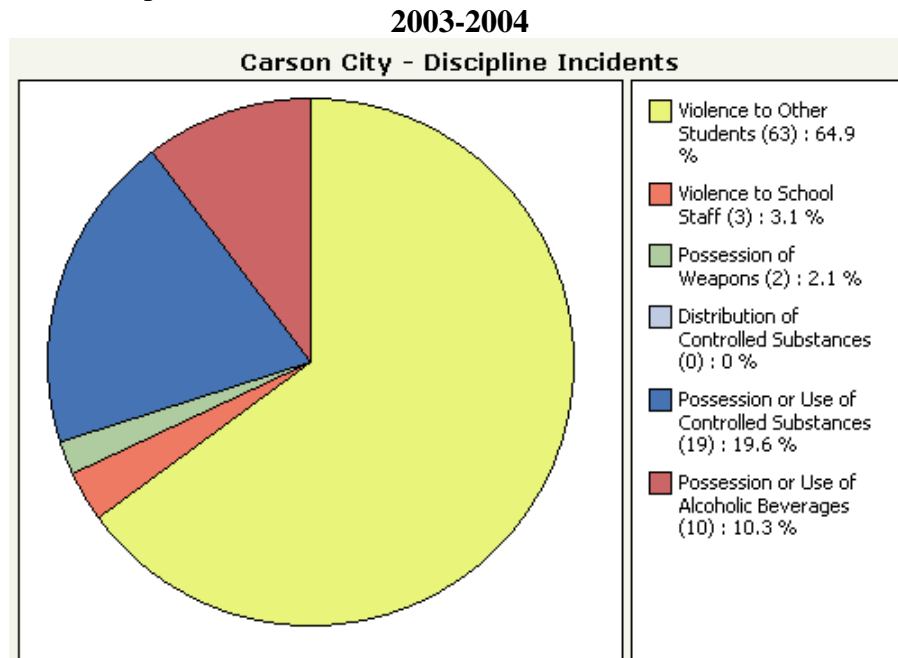


Figure 1: Carson City Discipline Incidents 2003-2004

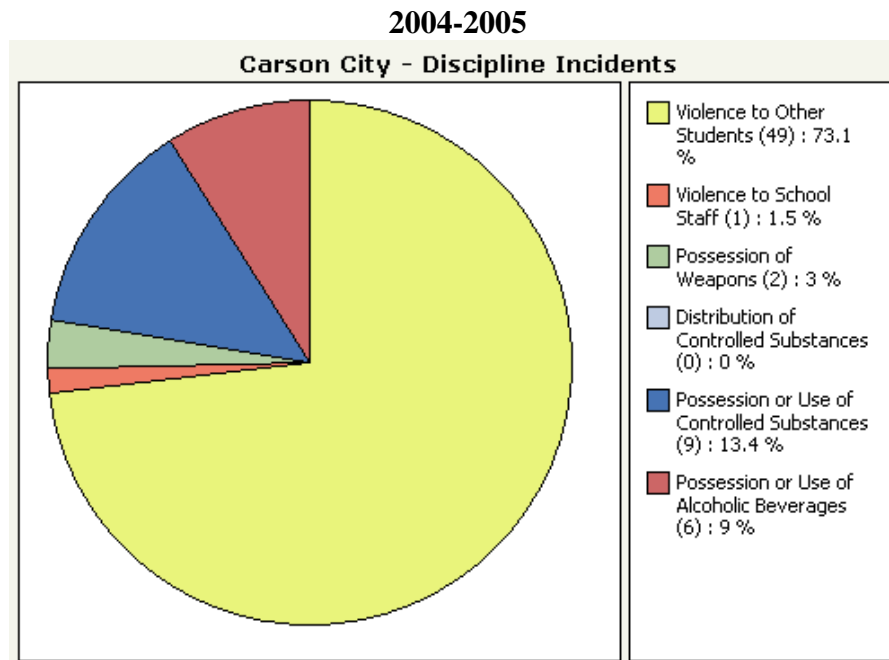


Figure 2: Carson City Discipline Incidents 2004-2005

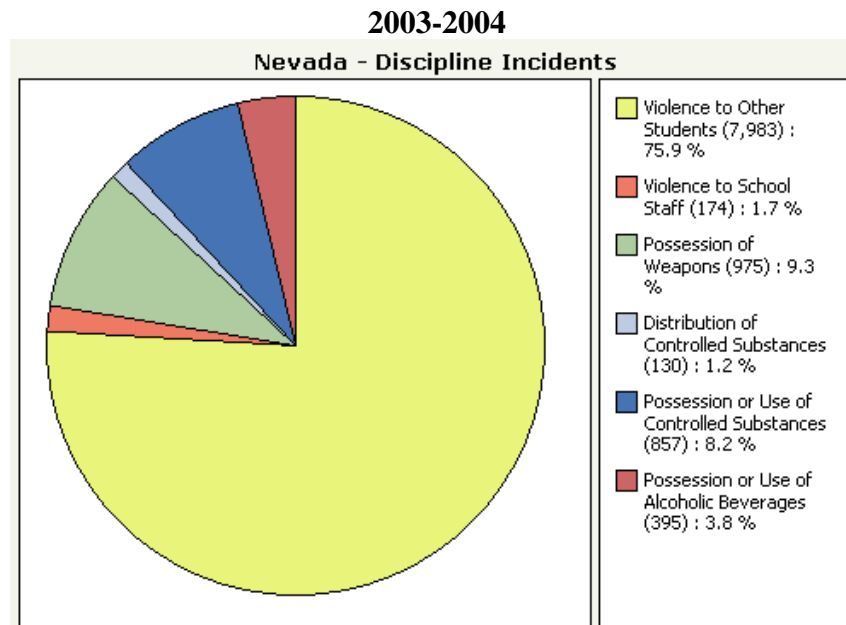


Figure 1: State of Nevada Discipline Incidents 2003-2004

2004-2005

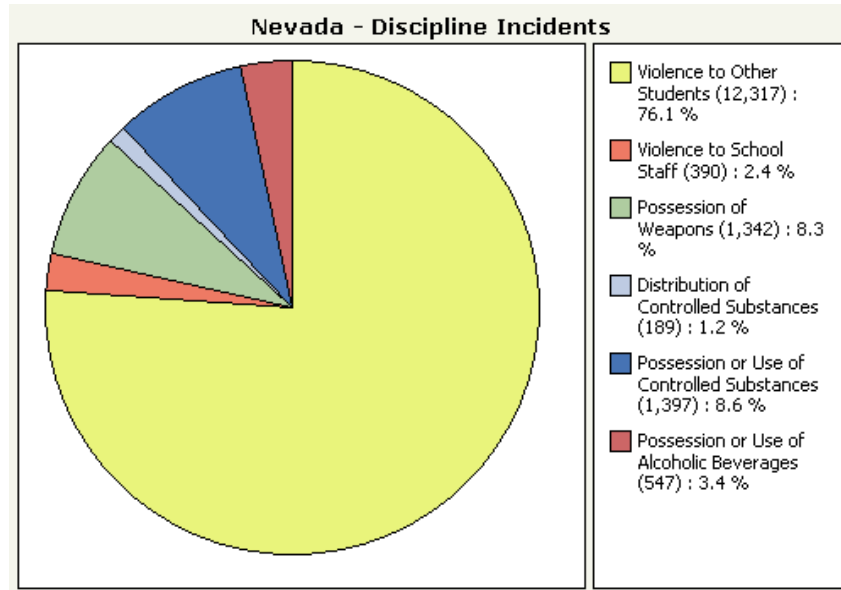


Figure 2: State of Nevada Discipline Incidents 2004-2005

Graph Source: No Child Left Behind Act, Website

Parental Influence

RISK FACTOR: Favorable Attitude Towards Problem Behavior

INDICATOR: Perceived Parental Attitude: Binge Drinking

DEFINITION: Response of high school students to the question, how would your parents/guardians feel if you had five or more drinks of alcohol in a row (within a couple of hours).

	2001	2003	2005
Approve	2.9	3.2	5.8↑
Wouldn't care	9.6	9.2	8.3
Disapprove	23.4	20.8	19.1
Greatly Disapprove	57.4	59.5	58.1
I'm not sure	6.7	7.4	8.5

Data Source: 2001, 2003 and 2005 Carson City Youth Risk Behavior Surveys

RISK FACTOR: Availability of Drugs

INDICATOR: Trends in Perceived Availability of Alcohol

DEFINITION: How High School and Middle School students acquired alcohol

	High School			Middle School		
	2001	2003	2005	2001	2003	2005
Did not drink	27.5	30.2	34.9↑	66.0	71.6	62.5↓
Home- parents know	11.3	17.5	14.0	14.3	10.8	17.5↑
Home-parent didn't know	5.9	3.2	7.3	6.5	4.7	6.6
From friends	41.6	38.8	32.2	10.8	10.4	10.4
Asked adults to buy	6.3	8.3	6.0	1.2	1.4	.7
Bought myself	7.3	2.1	3.4	1.2	1.2	.9

Data Source: 2001, 2003 and 2005 Carson City Youth Risk Behavior Surveys

Age of Onset and Contributing Factors

RISK FACTOR: Early Initiation of the Problem Behavior

INDICATOR: Age of First Use: Alcohol

DEFINITION: Percent of middle and high school students who report that they first used alcohol before the age of 13.

	2001	2003	2005
Middle School	36.0	33.3	38.8↑
High School	32.7	27.6	30.5↑
Nevada Middle School	36.0	36.0	
Nevada High School	32.9	31.9	

Data Source: 2001, 2003 and 2005 Carson City and Nevada Youth Risk Behavior Surveys

RISK FACTOR: Friends who engage in the Problem Behavior

INDICATOR: Friends Who Use Alcohol

DEFINITION: Percent answering that “some”, “most”, or “all” of their closest friends use alcohol at least once a month.

	2001	2003	2005
CC Middle School	14.6	13.4	17↑
CC High School	58.2	52.1	47.9↓
Nevada Middle School	14.8	15.3	
Nevada High School	49.5	45.9	

Data Source: 2001, 2003 and 2005 Carson City and Nevada Youth Risk Behavior Surveys

RISK FACTOR: Early Initiation of the Problem Behavior

INDICATOR: Age of First Use: Marijuana

DEFINITION: Percent of middle and high school students who report that they smoked marijuana before the age of 13.

	2001	2003	2005
Middle School	10.0	11.5	12.2
High School	16.9	9.1	17.7↑
Nevada Middle School	11.3	11.7	
Nevada High School	17.7	12.4	

Data Source: 2001, 2003 and 2005 Carson City and Nevada Youth Risk Behavior Surveys

RISK FACTOR: Early Initiation of the Problem Behavior

INDICATOR Current Marijuana Use

DEFINITION: Percent of middle and high school students who report that they used marijuana in the past 30 days

	2001	2003	2005
CC Middle School	8.2	10.4	7.5↓
CC High School	38.1	26.1	25.6
Nevada Middle School	9.9	9.5	
Nevada High School	26.6	22.3	

Data Source: 2001, 2003 and 2005 Carson City and Nevada Youth Risk Behavior Surveys

RISK FACTOR: Favorable Attitude Towards the Problem Behavior

INDICATOR: Perceived Harmfulness: Marijuana Use

DEFINITION: Percent answering that people are at “slight” or “no risk” of harm if they smoke marijuana occasionally.

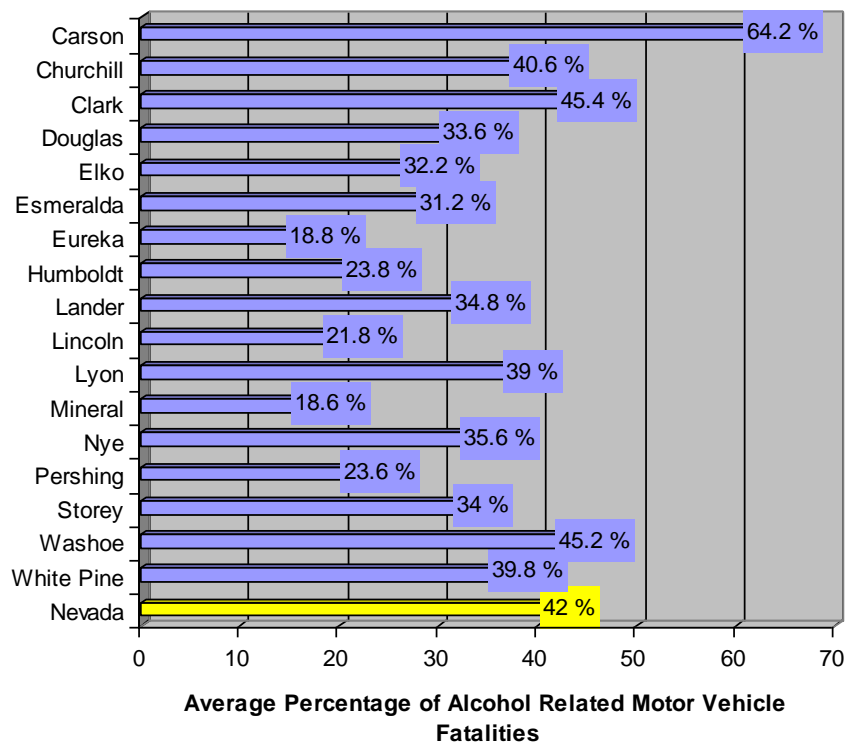
	2001	2003	2005
Middle School	16.9	19.2	17.2↓
High School	48.0	36.5	33.9↓
Nevada Middle School	21.2	18.9	
Nevada High School	7.4	5.2	

Data Source: 2001, 2003 and 2005 Carson City and Nevada Youth Risk Behavior Surveys

Heavy Adult Alcohol Use and Consequences

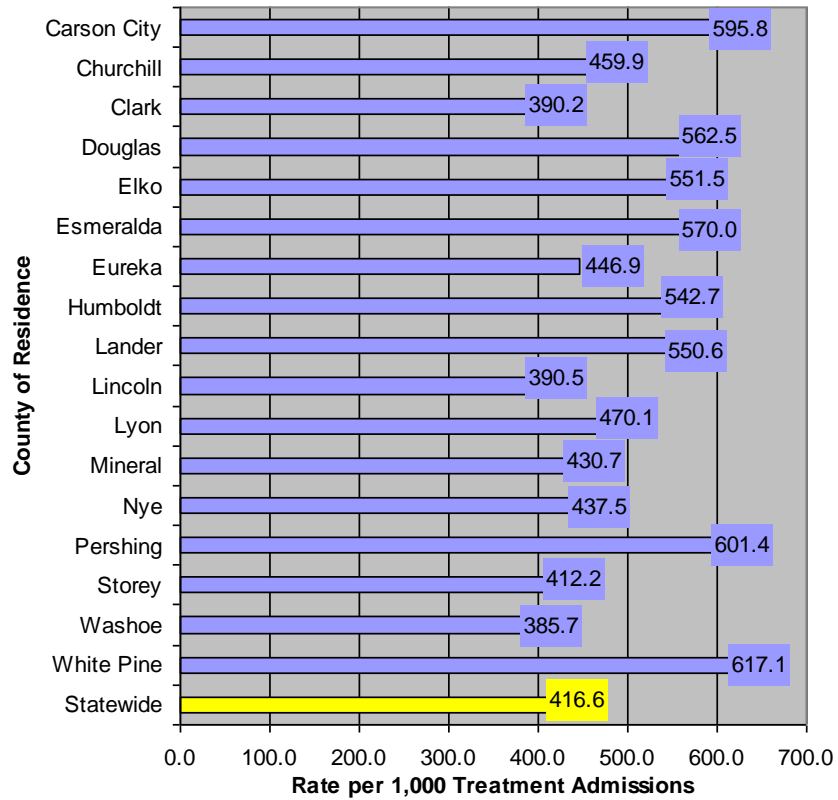
Alcohol Related Motor Vehicle Fatalities¹ – By County: The table below highlights the Nevada counties that have higher five year average percentages of alcohol related motor vehicle fatalities among all ages than the state. Fatality rates in Carson, Clark, and Washoe Counties were higher than the state average.

Graph 2: Five Year Average Percentage of Alcohol Related Motor Vehicle Fatalities by County and State, 2001-2005



Source: Fatality Analysis Reporting System, FARS (2005). Nevada Traffic Fatality Data. <http://www-fars.nhtsa.dot.gov>

**Graph 33: Five Year Average Rate of Adult Alcohol
 (Primary Substance Only) Related Treatment
 Admissions Among SAPTA Funded Treatment
 Facilities and County of Residence by Rate per 1,000
 Adult Treatment Admission for All Substance, 2001-
 2005**



Source: Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Treatment Database. Retrieved December 2006. Note: All treatment admissions are based on Nevada Division of Mental Health and Developmental Services, Substance Abuse Prevention and Treatment Agency Funded Treatment Facilities. Clients can be in treatment for poly-substances, there is the potential of three substances for each client; however for the purposes of this profile the primary substance is accounted for only. Adults are considered to be 19 years old and above.